

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **10003**

City **Waverly** (No. **6665**)

**Fyler ave**

**25075**  
File No.....  
Registered No. **6493**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **6665 Fyler ave** St. **3** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ada Hayse</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec 31, 1885</b>		
7. AGE <b>47</b>	YEARS <b>6</b>	MONTHS <b>25</b>
		DAYS <b>25</b>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Conductor</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Trisco RR.</b>	
	10. Date deceased last worked at this occupation (month and year) <b>Apr 26, 1933</b>	
		11. Total time (years) spent in this occupation <b>32 yrs</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
FATHER	13. NAME <b>James R. Hayse</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ark.</b>	
MOTHER	15. MAIDEN NAME <b>Amanda Hughes</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>	
17. INFORMANT <b>Mrs Ada Hayse</b> (ADDRESS) <b>6665 Fyler ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Newburg Mo</b> DATE <b>July 27, 1933</b>		
19. UNDERTAKER <b>Wiegman's Mortuary</b> (ADDRESS) <b>435 S. 4th St. Springfield Mo</b>		
20. FILED <b>1-26-1933</b> <b>J. F. Bredes</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 27, 1933** to **July 20, 1933**  
I last saw him alive on **July 20, 1933** Death is said to have occurred on the date stated above, at **6:45** m.  
The principal cause of death and related causes of importance were as follows:  
**Myocarditis, chr**  
Date of onset **9:30**  
**10:2**  
Other contributory causes of importance:  
**Hypertension**

Name of operation **none** Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) **J. F. Bredes**, M. D.  
(Address) **41960 Rader**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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